HC-One Limited

Maple Lodge (Stafford)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 15 February 2017 and was unannounced. At our last inspection in October 2014 we found that the service was meeting the required standards in quality and safety.

Maple Lodge provides support and care for up to 40 people, some of whom may be living with dementia. At the time of this inspection 39 people used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were not always protected from the risk of abuse as not all staff were aware of the different types of abuse and how to deal with it.

People's individual levels of risks were assessed and reviewed but not always monitored to ensure people received care consistently.

There were enough suitably qualified staff available to meet and support people with their individual needs. Staff had been recruited using safe recruitment procedures and were supported with their training and development needs.

People's medicines were managed safely; staff were well trained and supported people with their medication in a safe, compassionate way.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) where people lacked the capacity to make certain decisions about their care. People were offered choices and options regarding their daily lives and staff supported people with their choices.

People were supported to access external healthcare professionals and other agencies in order to ensure their healthcare needs were fully met. People were supported with their nutritional requirements and preferences.

People were supported by staff who were caring and compassionate. People and their representatives were involved in the planning and review of their care.

People knew how to complain and who they needed to complain to and the provider had a complaints policy available.

People told us the registered manager and the staff team were approachable friendly and supportive. Staff

told us they worked well as a team.

The provider had systems in place to monitor and improve the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. People were not fully safeguarded from the risk of abuse as not all staff were aware of potential abusive situations. Risks to people's health and wellbeing were identified and reviewed but not always managed in a safe or consistent way.

People were supported by sufficient suitably trained staff to be able to meet people's needs safely. New staff were recruited using safe recruitment procedures and processes. People's medicines were managed safely.

Is the service effective?

Good

The service was effective. The principles of the MCA and DoLS were followed to ensure that people's rights were respected. Staff had been provided with training to fully meet people's needs and promote people's health and wellbeing. People's healthcare and nutritional needs were met.

Is the service caring?

Good

The service was caring. People who used the service were treated with dignity and respect. People's right to privacy was respected. People's views on the service they received were regularly sought.

Is the service responsive?

Good

The service was responsive. People received personalised care that met their individual needs and preferences. People were offered opportunities to engage in hobbies and activities. The provider had a complaints procedure and people felt able to complain.

Is the service well-led?

Good

The service was well led. There was a registered manager in post who was respected by staff and people who used the service. Quality assurance systems were in place to monitor the service. There was a positive, caring and professional approach evident throughout the staff team.

Maple Lodge (Stafford)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 15 February 2017 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications that we had received from the provider about events that had happened at the service. A notification is information about important events which the provider is required to send us by law. We reviewed the information we received from other agencies that had an interest in the service, such as the local authority and commissioners.

We used a range of different methods to help us understand people's experiences. We spoke with eight people who used the service about their care and support and to five relatives to also gain their views. Some people were less able to express their views and so we observed the care and support they received throughout the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the deputy manager, two senior care staff, four care staff and a member of the ancillary team. We looked at eight people's care records, staff rosters, three staff recruitment files and the quality monitoring audits. We did this to gain people's views about the care and to check that standards of care were being met.

Requires Improvement

Is the service safe?

Our findings

Staff were aware of safeguarding and protecting people from harm and explained how they would recognise and report abuse. One staff member explained the procedures they would follow if they witnessed any abusive situations. They told us: "I would report any issues straight away to the manager or the most senior person in charge at the time". However during conversations with staff we became aware that not all staff were able to recognise the various aspects that constituted abuse. They were aware of the need to report any allegations of physical abuse but were unsure of their actions when people had experienced psychological abuse. They confirmed that they would not always report, or refer for further investigation, when people became anxious or disturbed following an altercation with another person. We spoke with the registered manager about our findings and their obligations to report potential safeguarding issues. They assured us they would take immediate action. The registered manager later confirmed to us they had contacted the local safeguarding team for advice, had arranged further training for all staff and had organised a staff meeting to discuss this safeguarding issue.

Some people became anxious at times when they required help and support with their personal hygiene and toileting needs. Staff told us they used distraction and diversion techniques when people became troubled. We saw that risk assessments and care plans had been completed which identified the triggers that may cause people distress. We saw staff recorded these episodes in the daily notes but not always in the behaviour monitoring records. Without the full details of the cause of the distress, what it meant for the person and the action taken by the staff there was a risk that people may not receive their support in a consistent way. We spoke with the registered manager who confirmed action would be taken. We were later informed that the community psychiatric nurse services had been contacted for advice and people's care plans and risk assessments had been updated. The registered manager told us that further training for staff was going to be made available to support staff when providing care and support to people when their behaviour escalated. The staff we spoke with told us that this training would be beneficial to them.

People who used the service told us they felt safe. One person who used the service told us: "There's someone about all the time, you're not on your own you know. Even if you walk about there's always someone walking behind you. Yes, I do feel safe here". A relative commented: "My mother has been in three homes in Staffordshire but this is the best home. My mum is safe now, I can go home and I don't have to worry any more". We saw that people who used walking frames to support them with their mobility had them nearby so that they could reach and use them when people wished to move around. Staff were close by to offer the care and support to people when it was required which ensured people remained as safe as they could be and free from harm.

We saw that people's level of risks had been assessed and action taken to reduce the risks for them. Staff told us there were many people at risk of falls due to poor mobility. One relative told us their relation was unsteady on her feet and said: "My mum has got a mat by her bed; it's a motion sensor, so that staff are aware that she is on the move. Sometimes when I come in I set it off and they do come in quickly". We saw risk assessments and corresponding care plans had been completed when people had been identified as being at risk of falling. The action to reduce the risk was recorded in one care plan as 'ensure the person has

their frame with them at all times and ensure correct fitting footwear'. We saw staff were vigilant to ensure the person was supported with these remedial actions so the risk of them falling was reduced. This ensured the person was supported to remain as independent as they were able but action had been taken to lower the person's risk of further falls.

Most people told us there were sufficient staff to meet their needs. We asked one relative their opinion they told us: "From what I've seen there seems to be but could always do with more". Another relative said: "There always seems to be plenty of staff on duty". Two members of staff told us the staffing levels enabled them to meet people's needs in a timely way. We saw people accessed various areas within the service, some people used the communal areas and other stayed in their bedrooms. Staff were visible in all areas, care and support was provided in a timely way when people requested help.

Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people when they first started. We saw these checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

Medicines were kept in locked medicine trolleys in a locked treatment room and were administered by trained staff. We observed staff administered medicines in a dignified way and explained to the person what the medicine was for. Some people were prescribed 'as required' medicines this included pain relief. One person spoke with the staff administering medicines and said: "I'll have some tablets please when you get around to it". The staff replied: "I know you've got a headache, I'll bring you some tablets now". Instructions for the safe administration of 'as required' medicines was included with the medication administration records. Some people were prescribed creams and ointments to support them with maintaining good skin. Instructions for the use of these creams were kept in the person's room so that staff had information regarding what was prescribed and how it should be used. People were supported with their medicines in a safe and secure way.

Good

Is the service effective?

Our findings

Staff told us they felt well supported with their training and development needs and received the training they needed to be able to provide the necessary support and care to people. They received regular support and supervision with their line managers where they had the opportunity to discuss work issues and their learning and development needs. All the staff we observed worked proficiently and skilfully in their roles, they followed the guidance in care plans, administered medications safely and interacted well with people in a professional and approachable manner.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where it had been assessed that people lacked capacity to make specific decisions we saw other people, including the person's representatives, were involved in making decisions in the best interests of some people. One relative told us: "Yes, my mum cannot make decisions now so I am her main nominee". We saw end of life decisions had been made on behalf of people that were considered to be in people's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager recognised that some people were being restricted of their liberty and freedom. The registered manager had made referrals to the local authority for an authorisation to restrict peoples' freedom of movement when they did not have the capacity to consent to this. The registered manager confirmed that currently they had no response from the local authority for authorisation. The registered manager told us and we saw they had implemented care plans to ensure people were cared for and supported in the least restrictive way.

People we spoke with all told us the food was good. One person who used the service said: "'It's quite good. Sometimes for me there's too much and I can't eat it all, but they ask what I like to eat. I don't like anything funny, so they give me what I ask for. Somebody made a cake and we all had a piece, which was nice". Another person thought the food was good and said: "It's a different way of cooking that I've been used to but it's very nice". A relative told us: "Yes it's good, when mum's eating something she likes she cleans the plate. She had lost a lot of weight prior to coming in but then she's put some on and that's good. Mealtimes seem to be really well organised".

Staff told us that some people needed encouragement with their meals and some people were at risk of choking. One staff member said: "We have to encourage some people and keep an eye on what they eat to make sure they have enough. We don't like to leave people alone because of choking, so if anyone stays in the lounge we stay with them". We saw some people needed support with their meals; they were offered support in an understanding way and were able to eat at their own pace. We observed one staff member say to a person: "There you are [name of person]), a nice chicken dinner, shall I help you cut that up a bit for

you". We saw some people were offered a visual choice of meals so that they were able to choose which they would like. Some people at risk of weight loss or with reduced appetites received additional prescribed food supplements to ensure they received adequate daily nourishment.

People were supported to access healthcare services should they become unwell or require specialist interventions. A person who used the service told us: "Oh yes, a doctor does come here to see me when I am not too well. I've had my hearing and eyes seen to". A relative said: "'Oh yes, if there's anything the matter they're straight on to the doctor. Mum has a problem with dry skin and she scratches it but when that happens they have the nurse in straight away". We saw referrals for advice and support were made when this was needed for example, dieticians, district nurses and doctors. This meant people's healthcare needs were meet.

We saw that one person was at risk of developing sore skin and pressure ulcers and when they first used the service they had a sore area of skin. The doctor and community nurses were involved and offered advice and guidance for staff to support the person. We saw care and support plans had been completed to ensure staff had all the information needed to be able to support the person in a safe and effective way. We saw the community nurses visited the person regularly to check the condition of the wound and on each occasion improvement was noted until the wound had completely healed. This person was supported with their specific healthcare needs in an effective way.

Good

Is the service caring?

Our findings

People told us they were satisfied with the care provided. A relative spoke with us and said: "Oh yes, I'd never move my mum now the care she now gets is excellent". A person who used the service said: "They couldn't do any more for me than they do now". We saw many kind positive interactions between people and staff. We saw a member of care staff supported people to prepare for their lunch. People who had limited mobility and were unable to use the bathrooms to wash their hands prior to lunch were offered a liquid hand wash to use. We heard a member of care staff say: 'Hold your hand out for me so we can do our hands. That's it rub your hands together for me, oooh that's lovely'. Staff were calm, relaxed and patient when attending to people's needs and requirements.

People were offered day to day choices about their care and support whilst being encouraged to be as independent as they were able. A relative told us of an occasion when another visiting family member was concerned when their relation was still in bed. The relative told us: "I explained to [the visiting family member] that mum could choose when to get up and that she probably wanted a day in bed". They went on to say that very often their mum had a day in bed and this choice was respected by the staff.

All people had a plan of the care and support they required and whenever possible they were included in discussing their individual needs. A relative told us they acted on behalf of their relation and said: "We have a review and they [the staff] go through all her care plan with us and anything I want to say they will put it down". Another visiting relative told us: "I am really pleased that my relation is here. I feel involved with her care; they [the staff] always include me. I am 100% satisfied". We saw the care and support plans were reviewed and revised on a regular basis and that the person and/or their representatives were included.

People's privacy and dignity was upheld. A relative told us: "Staff very often come and see if mum is okay, they bring cups of tea and knock on the door before coming in". We saw staff knocked on doors before entering people's bedrooms and offered the reason for the visit. When people needed support with personal care we saw staff ensured the door was shut so that the person's privacy was upheld. Staff took their time and explained to people what they were going to do before doing it. We saw people had built relationships with the staff and staff knew people well and supported them in a respectful and dignified way. People were treated with respect and were at the centre of the service provision.

Good

Is the service responsive?

Our findings

People were provided with a range of social and recreational activities which they could participate in if they so wished. The radio was on and we chatted with a person who used the service, they said: "They are playing some nice songs aren't they? They're my generation, the sixties, love that music. A month ago they had a man here to play the organ and we got up and had a dance. It was fun". A relative told us: "The activity man brings in old black and white films, they [people who used the service] love those, and they love to watch the old fashioned war films too'. This showed a good understanding of people's eras, likes and preferences. We saw one person engaged with a game of dominoes we were told they previously were a member of a dominoes team. Other people chatted to staff and visitors about their own personal memories, and we observed there was much conversation.

People received care that was personalised and met their individual needs. Family members of some people who used the service had provided an account of their relative's social history which included significant life events. These documents were included in the care files and were available for staff to find out information about the person which would help them understand their background. This showed us a person centred approach was being adopted, where care and support was provided in an individual way.

The environment had been adapted to meet people's social and emotional needs in relation to living with dementia. People were able to orientate and find their way around the service. Attention had been made to the décor, so that areas people needed to use regularly were recognisable. Bedroom doors were provided with information regarding the person who was accommodated in the room so that people could easily identify their own room. All areas of the service were well furnished, comfortable with lots of memorabilia and items available to help stimulate people's memories.

People told us they were aware of how they could complain if they needed to. One relative said: "I can't think I've complained, I would complain if I needed to. If I pick up on something I know I can go and see them". One person who used the service told us: "I don't have anything to complain about but if I did I'd probably tell my sister and leave it with her to deal with". The registered manager told us they dealt with any complaints that were raised. We saw a complaint had been recorded with all the relevant details and the action taken to satisfactorily resolve the situation.

Good

Is the service well-led?

Our findings

People we spoke with offered positive comments regarding the internal management structure of the service and all people knew the name of the registered manager. One relative felt the service was very well led and managed and said: "He [the manager] must be very dedicated to his job for such a young age, my goodness he suits it, and does a very good job". Another visitor commented: "Yes, the manager is very approachable. For someone so young, he leads the staff team and gets things done, he's great". Staff told us they felt well supported by the registered manager and the senior staff team. One staff member said: "He [the registered manger] is very approachable and open to suggestions. He will listen to what we say". We saw good relationships had been developed and maintained throughout the various staff groups and with people in general.

Quality monitoring and auditing systems were in place, where each month regular checks were made to ensure a safe, effective, responsive and well led service was provided. Any issues or themes, trends or patterns that affected the safety of people or the service were identified quickly. For example checks were made on the incidents which occurred monthly; these include information regarding slips, trips and falls. We saw where one person was referred to the doctor, the community psychiatric services and the memory clinic when they experienced a high level of falls. Where concerns were identified through these checks we saw action had been taken to ensure everything possible was done to reduce people's risks. This meant there was an effective system in place that identified the actions needed to lower the risk of further harm to people.

Regular staff meetings and flash meetings were arranged offering the opportunity to discuss issues and information. Flash meetings were daily short meetings held with the heads of the departments and units to discuss any activity happening that day and any recent concerns or issues that had been identified the previous day. People and their relatives were asked their views, opinions or experiences on the service they received. Two relatives confirmed they had received and returned a satisfaction survey recently. One relative said: "I've done one just recently and I bought it back today and yes we do have relative's meetings". Resident and relative's meetings were arranged at regular intervals offering people the opportunity to discuss life at the service. This showed us people had the opportunity to feedback about the quality of the service and make suggestions for improvement.

The registered manager told us of the plans to improve the service. They told us the environment had benefitted from redecoration and refurbishment to provide a more dementia friendly and comfortable place for people. People had been involved with choosing the colour of their bedrooms and the décor of the communal spaces. Further plans to enhance the outdoor space were in hand with an allotment, green house and the introduction of some chickens. Staff told us that last year people enjoyed the opportunity to be outside and participated with the outside activities that were arranged.